

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
09/913,107

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1							51				
2		1					52				
3		2					53				
4		2					54				
5		①					55				
6		①					56				
7		①					57				
8		①					58				
9		①					59				
10		①					60				
11		①					61				
12		①					62				
13		①					63				
14		①					64				
15		①					65				
16		①					66				
17		①					67				
18		①					68				
19							69				
20		①					70				
21		①					71				
22		①					72				
23		①					73				
24		①					74				
25							75				
26		1					76				
27		1					77				
28		1					78				
29		1					79				
30		1					80				
31		1					81				
32		1					82				
33		1					83				
34		1					84				
35		1					85				
36		1					86				
37		1					87				
38		1					88				
39		1					89				
40		1					90				
41		1					91				
42		1					92				
43		1					93				
44		1					94				
45		1					95				
46		1					96				
47		1					97				
48		1					98				
49							99				
50							100				
TOTAL IND.	2						TOTAL IND.				
TOTAL DEP.	22	→	→	→	→	→	TOTAL DEP.	→	→	→	→
TOTAL CLAIMS	24						TOTAL CLAIMS				